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ABSTRACT

This paper's premise is that music, movement, and poetry are unique and creative methods to be used by the counselor in working with both children and adults. Through these media, the counselor generates material for the counseling session that may not be available through more traditional "talk therapies." The choice of music as a counseling technique must depend upon the needs of the client, and distinctions are made between using music in therapy and using music as therapy. The core of the paper consists of three sections, each treating one of the subject therapies. The section on music in counseling explores the areas of listening to music, performing, improvising, and composing. The special topic of music with children is also discussed, and a list of specific activities for counselors to use in the areas of listening, performing, improvising, and composing is provided. The section on movement explains the difference between movement therapy and dance therapy. Assumptions upon which the use of dance and movement in counseling is based are listed. Developmental play therapy is introduced as a closely related therapy and a set of activities is given for using developmental play therapy with children. The section on poetry suggests activities that involve the writing, reading, and selecting of poetry. (NB)

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MUSIC, MOVEMENT, AND POETRY

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Abstract

Music, movement, and poetry are unique and creative methods to be used by the counselor in working with adults and children. Through these media, the counselor generates material for the counseling session that may not available through more traditional "talk therapies." The following article presents a series of original activities for using music, movement and poetry in a group setting.

MUSIC, MOVEMENT, AND POETRY

Music is part of our daily lives. We hear music in restaurants, shopping malls, elevators, doctor's offices, and many times when we are placed on hold. Music is assumed to influence our moods (Gladding, 1992). Music is used to celebrate most of the events of our lives, weddings, christenings, and funerals. It is part of and may be defined by our culture. Music is treasured for its emotional quality from primitive drum beats to modern electronic wonders. When we hear music, we have an emotional reaction.

According to Gladding (1992), the importance of music has been recognized as having a sedative effect in mental health settings. The healing effects have been documented from ancient cultures to those of the present. Shamans have used the rhythmic music to form a type of hypnosis that has led to emotional highs in their followers.

Music allows a person to reveal that which cannot be expressed in words, but rather felt from one soul to

another. Its effect upon an individual depends largely on whether the person sees it as a passion or as a diversion (Gladding, 1992). The person who views music as a passion or central part of their life will benefit from its use in therapy. Music will break down walls of resistance and make the reluctant clients willing to share and to express their identity. By using music that the clients will find complementary to their taste, the counselor sets up conditions that increase communication and understanding (Gladding, 1992).

The choice of music must depend upon the needs of the client. One must know whether the music is to be used as remedial or preventative. The individual tastes of the client must be considered. In some cases the music will need to be familiar, but in others, as in mediation, classical music that the client cannot "sing along" with may be better. Persons experiencing trauma will need to have quiet, calm music to soothe. "There is not substitute for personalizing the process (Gladding, 1992, p. 16).

Music may be used **in therapy** or **as therapy.** A clarification of the process is very important. If music

is to be used as therapy, the counselor needs to be a music therapist. If the music is to be used in therapy, the counselor needs an appreciation of music and the benefits of including listening, performing, improvising, and composing (Gladding, 1992).

Most important to the therapist is that music selection represents a metaphor for the client. What makes a client "like" specific music, poems, or movement is that it represents an element that the client can identify as part of the self.

MUSIC IN COUNSELING

Listening. Listening to client chosen music can serve as a method of generating new material for the counseling session. The theme and tempo of the music provides an indication of the emotional level of the client. Knowing this level of emotional intensity, a more effective treatment plan can be provided (Hanser, 1988). One possible intervention is to prescribe slower music to calm or a brighter tempo to energize.

Performing. Performing has been used in mental health settings to help orient the individual to reality. Through the tempo, tone, and lyric content, the performer

makes contact with reality and shares his or her emotions (Gladding, 1992).

Improvising. Improvisation can be carried out on a particular theme. A melody can be altered by changing the rhythm, the key, or musical arrangement. Therefore any melody becomes an expression of emotion unique to an individual. An example would be a client who claims to be happy, but whose behavior appears to be depressed. An improvisation of the song "If You Are happy And You Know It" sung as a dirge to illustrate the incongruence between words and actions.

Composing. Composing is the most unique and personal expression of music. It has the greatest properties for self-enhancement.

MUSIC WITH CHILDREN

Children have a natural affinity to noise. The baby is often entertained by the jingling of keys, banging of pots, or the tap of a pencil on a wooden table. Guidance approaches can be used by teaching songs that form parables or ethics, i. e. DUSO songs. Severely withdrawn children often respond to sounds, rhythmic activities, and repetitive motions. This characteristic is

especially noticeable in the autistic or schizophrenic children (Gladding, 1992).

ACTIVITIES

Listening.

1. Provide a large selection of noise and music makers for the exploration of children/adults. Encourage the clients to explore and to see what kind of emotional response each elicits in them.

2. Provide several excerpts of music. Ask the child to tell you what they see in their mind's eye when they listen with their eyes closed. What emotions are aroused?

3. Using drawing paper and crayons, chalk, colored instant pudding fingerpaint, or other art media, play selections of music and allow the child to draw the sounds.

4. Share a favorite song and tell what makes it appeal to the child.

5. Subliminal music is available to help with many concern areas the most common ones being stress, overeating, and self-esteem. These are pleasant original compositions with subliminal messages underneath.

Performing.

1. Everyone has rhythm. The easiest way to get into touch with one's personal rhythm is to tap out one's pulse rate. If everyone then selects a different rhythm instrument, a definite tempo is established. Then some people are signaled to stop, while others continue. The ultimate result is a rhythm band effect with different people playing different parts. Everyone should have a chance to direct the rhythm band.

2. Sing a selected group of therapeutic songs designed to help the client. Examples are DUSO songs and "A Garland of Rational Songs"

3. Perform a conversation with excerpts from famous songs.

"Blue, Blue, my love is Blue"

"Throw off that mask of tragedy, its not your style."

"I don't know who holds tomorrow, I just live from day to day. Whatever will be will be, the future's not our to see.

"Que sera, Sera.

"If you loved me, really loved me."

"Love is a many splendored thing."

Improvising.

1. Change a song from one mood to another or adapt the lyrics to fit the situation that you are feeling.

2. Use a rhythm instrument to add "grace notes" to a recorded piece of music.

3. Add a vocal part or background sound to a recorded song. Which can be more fun with something like a "Mister Microphone."

Composing.

1. Use any instrument whether rhythmic or melodic to compose an original sound expressing the child's feelings.

2. Compose a therapeutic song.

3. Assign instruments to different persons and conduct an original arrangement of rhythm band.

4. Make up a feeling/emotion lyrics to the tune of a familiar song.

5. Many children can compose a "rap" or essentially a rhythm with accompanying lyrics.

MOVEMENT

Dance therapy began in the 1940s with the work of

Marian Chase at St. Elizabeth's Hospital in Washington, DC. The current American Dance Therapy association (ADTA) have set educational and performance standards for dance therapists. ADTA describe dance as the body movements for the purposes of rhythmic emotional expression (Gladding, 1992). Because of the use of music and rhythm, music therapy and dance therapy are closely aligned.

Movement therapy differs from dance therapy in that it does not have the same emphasis on performance, but rather on the individual expression of the client.

The use of dance and movement in counseling is based on the following theoretical assumptions:

1. Freud (1923) believed that initial awareness of self occurred in the body and that body movement could stimulate the unconscious to give up feelings and repressed influences.
2. Body work benefits the individual psychologically and physically.
3. In Gestalt therapy body movement is considered a primary way one experiences feelings and promotes psychological growth.

4. Dance and movement helps to establish a relatedness to self and to others (Gladding, 1992).

Yet another, closely related type of therapy to movement therapy is developmental play therapy. Developmental play therapy focuses on the physical development of the child. The I can emphasis helps the child to test limits of physical disabilities and to go beyond these limits in learning new skills. An example is intensive play (Bradtke, Kirkpatrick & Rosenblatt, 1972), recommended for children with physical and sensory impairments. The purposes of intensive play are (a) to build awareness of self, others and environment; (b) to reduce fear of physical contact; and (c) to help the unresponsive child become responsive. A specific hierarchy of 30 physical activities are used, progressing from least threatening to most threatening to the child. The first step in the hierarchy is to pat the child's body in rhythm. The progression of activities ends with the adult standing, holding the child firmly by the ankles, and moving the child up and down so that the child's hands and head touch the floor. When the child has completed the activities with one adult, another

adult is introduced and the cycle of activities is repeated.

Once the child becomes comfortable with the physical activities with adults, child-to-child activities are initiated. These child-to-child activities are structured and supervised by adults to insure the protection of the children (Bradtke, et al, 1972). At the end of training the child is able to say, I can trust and I can control circumstances.

Kraft (1983) included a broader range of activities that dealt with rhythms, body awareness, gross-motor skills, fine motor skills, eye-hand, eye-foot coordination, and swimming. Activities included finger snapping, body alphabet contortions, trampoline stunts, clay sculpturing, finger painting, ring toss and blowing up balloons. Sessions were short with a one-on-one relationship with the therapist.

These developmental play therapy activities often incorporate various forms of rhythmic movements and the use of music. Children who seem especially prone to acting out are often engaged in learning movement activities with soft, slow background music. The music

and the rhythmic movement seems to quite the emotionally or learning challenged child.

ACTIVITIES

1. Select a recording or several recordings of music of different rhythms and ethnicity. Let the children explore the movement of each recording (These should be 1-2 minutes each.)

2. Pass out scarves or long (about 9 feet) pieces of thin fabric. The length is dependent on what a child can handle easily. Then the children may pretend to be clouds, oceans, wind, or other flowing types of things. After several minutes of this type of play/dance, the children sit in a circle and discuss what they felt like.

3. Using rhythm instruments, let the children dance to their own music. Their choices will give indications of what the child is needing or missing in interactions with others.

4. Construct original dances which illustrate themes. For example, "A Dream I Had," "My Family,", or "Being Scared."

5. Have the children or a child dance a feeling word, by forming letters with the body and moving from

one letter shape to another.

6. In families of alcoholics, the children often take roles of scapegoat, mascot, little professor, clown, etc. Have the children dance these roles together in a family scenario.

POETRY

Poetry therapy describes writing, reading and selecting poetry to aid in the therapeutic process by poetry therapists. The National Association of Poetry Therapy (NAPT) certifies and registers persons for this unique specialty. The emphasis in poetry therapy is not to create a great literature selection, but rather to give an accurate expression of feeling.

In the process of selecting poetic works the therapists gives attention to form and content. Poems that are selected should have a universal appeal and not be "preachy" (Gladding, 1992).

ACTIVITIES

1. Share a favorite poem and its special meaning to the person.

2. Write a poem as a group about a special topic, feeling, or experience.

3. Write an individual poem that represents the personal rhythm of one's life, i.e. slow, fast, erratic,etc.

4. Compose a free verse poem and accompany it with a rhythm instrument.

5. Compose, arrange and perform an original song.

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